

ROLL CALL  
ATTENDANCE/QUORUM CALL  
111th CONGRESS  
COMMITTEE ON ENERGY AND COMMERCE  
FULL COMMITTEE

Subject Deal (Price Disclosures)

Gavel : \_\_\_\_\_  
Adjournment : \_\_\_\_\_

Date : \_\_\_\_\_, 2009

YEAS	NAME	NAYS
	Mr. DINGELL.....	✓
	Mr. MARKEY.....	✓
	Mr. BOUCHER.....	
	Mr. PALLONE.....	✓
	Mr. GORDON.....	
	Mr. RUSH.....	✓
	Ms. ESHOO.....	✓
	Mr. STUPAK.....	✓
	Mr. ENGEL.....	✓
	Mr. GREEN.....	✓
	Ms. DeGETTE.....	✓
	Ms. CAPPS.....	✓
	Mr. DOYLE.....	
	Ms. HARMAN.....	✓
	Ms. SCHAKOWSKY.....	✓
	Mr. GONZALEZ.....	✓
	Mr. INSLEE.....	✓
	Ms. BALDWIN.....	✓
	Mr. ROSS.....	✓
	Mr. WEINER.....	✓
	Mr. MATHESON.....	
	Mr. BUTTERFIELD.....	✓
	Mr. MELANCON.....	✓
	Mr. BARROW.....	✓
	Mr. HILL.....	✓
	Ms. MATSUI.....	✓
	Ms. CHRISTENSEN.....	✓
	Ms. CASTOR.....	✓
	Mr. SARBANES.....	✓
	Mr. MURPHY (CT).....	✓
	Mr. SPACE.....	✓
	Mr. MCNERNEY.....	✓
	Ms. SUTTON.....	✓
	Mr. BRALEY.....	✓
	Mr. WELCH.....	✓
✓	Mr. BARTON.....	
✓	Mr. HALL.....	
✓	Mr. UPTON.....	
✓	Mr. STEARNS.....	
	Mr. DEAL.....	
	Mr. WHITFIELD.....	
✓	Mr. SHIMKUS.....	
✓	Mr. SHADEGG.....	
✓	Mr. BLUNT.....	
	Mr. BUYER.....	
✓	Mr. RADANOVICH.....	
✓	Mr. PITTS.....	
✓	Ms. BONO MACK.....	
✓	Mr. WALDEN.....	
✓	Mr. TERRY.....	
✓	Mr. ROGERS.....	
	Ms. MYRICK.....	
✓	Mr. SULLIVAN.....	
✓	Mr. MURPHY (PA).....	
✓	Mr. BURGESS.....	
✓	Ms. BLACKBURN.....	
	Mr. GINGREY.....	
	Mr. SCALISE.....	
	Mr. WAXMAN, <i>Chairman</i> .....	✓

**AMENDMENT TO COMMITTEE PRINT**

**OFFERED BY M<sub>r</sub>. Deal**

Add at the end of title V the following:

1 **SEC. 5007. MEDICAID PRICE DISCLOSURE FOR TREAT-**  
2 **MENTS RELATED TO SPECIFIED MEDICAL**  
3 **CONDITIONS.**

4 (a) IN GENERAL.—Title XIX of the Social Security  
5 Act is amended by adding at the end the following new  
6 section:

7 **“SEC. 1942. PRICE DISCLOSURE FOR CERTAIN TREAT-**  
8 **MENTS.**

9 **“(a) IMPLEMENTATION.—**

10 **“(1) IN GENERAL.—**Subject to the provisions of  
11 this section, each State shall implement a price dis-  
12 closure program, under which the State requires  
13 providers participating under the State plan to sub-  
14 mit to the Secretary information described in sub-  
15 paragraphs (B), (C), and (D) of subsection (d)(1),  
16 as applicable, and the State submits to the Secretary  
17 the information described in subsection (d)(1)(A) for  
18 the purpose of the program implemented under sub-  
19 section (b).

1           “(2) PLAN SUBMITTAL.—In order to meet the  
2           requirement of paragraph (1), each State shall—

3                   “(A) submit not later than 12 months  
4                   after the date of the enactment of this section,  
5                   a State plan amendment under this title that  
6                   describes how the State intends to implement  
7                   the price disclosure program described in para-  
8                   graph (1), including a plan for collecting and  
9                   submitting information in accordance with this  
10                  section; and

11                   “(B) provide for implementation of such  
12                   program for items and services furnished after  
13                   the date that is 2 years after the date of the  
14                   enactment of this section.

15           “(b) PUBLIC DISCLOSURE PROGRAM IMPLEMENTED  
16 BY SECRETARY.—Not later than 2 years after the date  
17 of the enactment of this section, for the purpose of improv-  
18 ing the ability of individuals to select the health care pro-  
19 vider that best fits their individual needs by improving  
20 public disclosure of the prices that such providers charge  
21 for common health care items and services which individ-  
22 uals with a medical condition specified by the Secretary  
23 under subsection (c) can expect to receive during the  
24 course of their treatment for such condition, the Secretary  
25 shall implement a program under which the Secretary dis-

1 closes the information described in subsection (d)(1)  
2 through a publicly accessible Internet site. The Secretary  
3 shall update such information not less than twice per cal-  
4 endar year.

5       “(c) SPECIFICATION OF MEDICAL CONDITIONS.—  
6 Not later than 6 months after the date of the enactment  
7 of this section, the Secretary shall specify a list of at least  
8 100 medical conditions for which public price disclosure  
9 would have the greatest public benefit. In specifying such  
10 list, the Secretary shall consult with appropriate experts  
11 and representatives from organizations representing peo-  
12 ple diagnosed with particular medical conditions. Once the  
13 program under this section has been fully implemented,  
14 the Secretary may through regulation revise such list of  
15 conditions on an annual basis.

16       “(d) COLLECTION AND SUBMISSION OF INFORMA-  
17 TION BY STATES.—

18               “(1) AGREEMENTS.—Under the program de-  
19 scribed in subsection (b), the Secretary shall require  
20 a State to disclose the following information:

21                       “(A) The name of—

22                               “(i) each hospital, nursing facility,  
23 clinic, and outpatient surgery center in the  
24 State that is a provider described in sub-  
25 section (a); and

1                   “(ii) each health care provider in the  
2                   State in any other category of health care  
3                   providers described in subsection (a) and  
4                   determined appropriated by the Secretary  
5                   for purposes of this section.

6                   “(B) The price charged by each provider  
7                   identified pursuant to subparagraph (A) to a  
8                   self-pay patient for each health care item and  
9                   service generally furnished by such provider to  
10                  individuals with a medical condition specified in  
11                  subsection (e) during the course of their treat-  
12                  ment for such condition.

13                  “(C) In the case of a provider identified  
14                  pursuant to subparagraph (A) that varies the  
15                  price charged by such provider to self-pay pa-  
16                  tients for health care items and services de-  
17                  scribed in subparagraph (B) based upon the  
18                  family income of such self-pay patients, the var-  
19                  ious prices charged by such provider for each of  
20                  the following family income tiers:

21                         “(i) The tier consisting of patients  
22                         with family income not greater than 99  
23                         percent of the Federal poverty line.

24                         “(ii) The tier consisting of patients  
25                         with family income not less than 100 per-

1 cent of the Federal poverty line and not  
2 greater than 199 percent of the Federal  
3 poverty line.

4 “(iii) The tier consisting of patients  
5 with family income not less than 200 per-  
6 cent of the Federal poverty line and not  
7 greater than 299 percent of the Federal  
8 poverty line.

9 “(iv) The tier consisting of patients  
10 with family income not less than 300 per-  
11 cent of the Federal poverty line and not  
12 greater than 399 percent of the Federal  
13 poverty line.

14 “(v) The tier consisting of patients  
15 with family income of at least 400 percent  
16 of the Federal poverty line.

17 To the extent that a provider so identified var-  
18 ies the price charged for such health care items  
19 and services based on family income tiers other  
20 than those described in this subparagraph, the  
21 various prices charged by such provider based  
22 on such other tiers.

23 “(D) To the extent that the Secretary, by  
24 rule, specifies tiers or delineations for price dif-  
25 ferences charged to self-pay patients based on a

1 factor other than Federal poverty level (such as  
2 assets), in the case of a provider identified pur-  
3 suant to subparagraph (A) that varies the price  
4 charged to such patients for such health care  
5 items and services based on such other factor,  
6 the various prices charged by such provider for  
7 each of such tiers or delineations.

8 “(2) IDENTIFICATION OF ITEMS AND SERVICES;  
9 GUIDANCE.—Not later than 12 months after the  
10 date of the enactment of this section, the Sec-  
11 retary—

12 “(A) after consultation with individuals  
13 with medical conditions specified under sub-  
14 section (c) and physicians who frequently treat  
15 individuals with such conditions, shall deter-  
16 mine and disclose to the States the health care  
17 items and services generally received by such in-  
18 dividuals during the course of their treatment;  
19 and

20 “(B) shall issue guidance to the States on  
21 the collection and submission of information for  
22 purposes of this section.

23 “(3) USE OF CONTRACTOR.—For purposes of  
24 collecting and submitting information in accordance  
25 with this section, a State may select and enter into

1 a contract with a public or private entity meeting  
2 such criteria and qualifications as the State deter-  
3 mines appropriate.

4 “(e) NONCOMPLIANCE DETERMINATIONS.—

5 “(1) IN GENERAL.—If the Secretary finds a  
6 provider described in subsection (a) to be in non-  
7 compliance with the requirement to submit informa-  
8 tion described in subparagraphs (B), (C), and (D) of  
9 subsection (d)(1), as applicable, the Secretary shall  
10 notify the State and provider as soon as feasible. In  
11 the case of a provider found to be in noncompliance  
12 with the requirement and later found by the Sec-  
13 retary to be in compliance with such requirement,  
14 the Secretary shall notify the State and provider of  
15 such compliance finding as soon as is feasible.

16 “(2) NONCOMPLIANCE PERIOD.—The non-  
17 compliance period described in this paragraph for  
18 purposes of section 1903(i)(24), with respect to a  
19 provider, is the period—

20 “(A) beginning on the date that is 30 days  
21 after the date the State and provider receives  
22 notification of a finding of noncompliance for  
23 such provider under paragraph (1); and

24 “(B) ending on the day after the date on  
25 which the State and provider receives notifica-

1           tion of a finding of compliance for such pro-  
2           vider under such paragraph.

3       “(f) TECHNICAL ASSISTANCE.—The Secretary shall  
4 provide States with technical assistance to aid in collecting  
5 and submitting information pursuant to this section.

6       “(g) PROGRAM DESIGN AND IMPLEMENTATION.—In  
7 implementing the program under subsection (b), the Sec-  
8 retary shall ensure that—

9           “(1) the information made available through  
10 such program is in a format that is easily accessible,  
11 useable, and understandable to the public;

12          “(2) such information is as current as deemed  
13 practical by the Secretary and is updated at least  
14 twice per calendar year;

15          “(3) the Secretary periodically solicits com-  
16 ments from a sampling of individuals who access the  
17 information through such program on how to best  
18 improve the utility of the program; and

19          “(4) to the greatest extent deemed appropriate  
20 by the Secretary, the information is organized by  
21 medical condition.

22       “(h) ANNUAL REPORTS.—Not later than 3 years  
23 after the date of the enactment of this section and each  
24 subsequent year, the Secretary shall submit to the Com-  
25 mittee on Energy and Commerce of the House of Rep-

1 representatives and the Committee on Health, Education,  
2 Labor, and Pensions of the Senate a report on the activi-  
3 ties (and the results of such activities) of the program  
4 under this section during the previous 12-month period.  
5 Each such report shall include—

6 “(1) an estimate of the cost savings to patients  
7 with medical conditions specified under subsection  
8 (c) resulting from the program;

9 “(2) a description of the extent to which infor-  
10 mation made available through the program is  
11 accessed by such patients and individuals seeking to  
12 assist such patients in selecting the most appro-  
13 priate health care provider; and

14 “(3) a description of the extent to which com-  
15 ments received under subsection (g)(3) were used  
16 during the year involved to improve the utility of the  
17 program.

18 “(i) RULE OF CONSTRUCTION.—Nothing in this sec-  
19 tion shall be construed—

20 “(1) to limit the Secretary’s ability to combine  
21 the information disclosed under this section with any  
22 other price or quality information the Secretary  
23 deems appropriate so long as the other information  
24 disclosed does not lessen the ability of an individual  
25 with a medical condition specified under subsection

1 (v) to easily access the pricing information related to  
2 his or her condition;

3 “(2) to limit the States’ ability to voluntarily  
4 submit more pricing and quality information than is  
5 required by the Secretary pursuant to this section;  
6 or

7 “(3) to limit the Secretary’s ability to disclose  
8 through a publicly accessible Internet site any infor-  
9 mation that was voluntarily submitted by a State.”.

10 (b) STATE PLAN REQUIREMENTS.—Section 1902(a)  
11 of such Act (42 U.S.C. 1396a(a)) is amended—

12 (1) in paragraph (70) by striking “and” at the  
13 end;

14 (2) in paragraph (71) by striking the period at  
15 the end and inserting “; and”; and

16 (3) by inserting after paragraph (71), as so  
17 amended, the following new paragraph:

18 “(72) provide that the State will implement a  
19 price disclosure program under section 1942(a).”.

20 (c) WITHHOLDING OF FEDERAL MATCHING PAY-  
21 MENTS FOR NONCOMPLIANT STATES.—Section 1903(i) of  
22 such Act (42 U.S.C. 1396b(i)) is amended—

23 (1) in paragraph (23) by striking “or” at the  
24 end;

1           (2) in paragraph (24) by striking the period at  
2           the end and inserting “; or”; and

3           (3) by adding after paragraph (24) the fol-  
4           lowing new paragraph:

5           “(24) if a provider with respect to a State fails  
6           to report the information described in subpara-  
7           graphs (B), (C), and (D) of section 1942(d)(1), as  
8           applicable, in accordance with the requirements of  
9           section 1942, with respect to amounts expended by  
10          such State for medical assistance furnished by such  
11          provider during the noncompliance period for such  
12          provider described in section 1942(e)(2), unless—

13                   “(A) the provider demonstrates to the Sec-  
14                   retary’s satisfaction that the provider made a  
15                   good faith effort to comply;

16                   “(B) not later than 60 days after the date  
17                   of a finding of that the provider is in non-  
18                   compliance, the provider submits to the Sec-  
19                   retary (and the Secretary approves) a corrective  
20                   action plan to remedy such noncompliance; and

21                   “(C) not later than 12 months after the  
22                   date of such submission (and approval), the  
23                   State fulfills the terms of such corrective action  
24                   plan.”.

